

# 2005 FOR PROFIT CORPORATION ANNUAL REPORT

**FILED**  
**Apr 06, 2005 8:00 am**  
**Secretary of State**

04-06-2005 90128 043 \*\*\*150.00

**DOCUMENT # P03000022852**

1. Entity Name  
**MONDO PANNE CORP.**



Principal Place of Business

**8635 NW 68TH ST  
MIAMI, FL 33166**

Mailing Address

**8635 NW 68TH ST  
MIAMI, FL 33166**

**50034381**



02142005 No Chg-P CR2E034 (10/03)

**DO NOT WRITE IN THIS SPACE**

4. FEI Number  
**56-2318393**

Applied For  
Not Applicable

5. Certificate of Status Desired ☐

**\$8.75** Additional  
Fee Required

6. Name and Address of Current Registered Agent

**SASSONE, RAFAEL  
8635 NW 68TH ST  
MIAMI, FL 33166**

**DO NOT WRITE  
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

**FILE NOW!! FEE IS \$150.00  
After May 1, 2005 Fee will be \$550.00**

9. Election Campaign Financing  
Trust Fund Contribution. ☐

**\$5.00** May Be  
Added to Fees

10. OFFICERS AND DIRECTORS

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DPST  
SASSONE, RAFAEL F  
11128 NW 73RD ST  
MIAMI, FL 33178**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DIRECTOR  
EDUARDO RUFFINI  
5713 N.W. 114th #105  
MIAMI FL 33178**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DIRECTOR  
LUIS LEGAZ  
3606 N.E. 167th St.  
MIAMI FL 33160**

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

**DO NOT WRITE  
IN THIS SPACE**

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

**SIGNATURE:**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

**04-04-05**

Date

**(305) 5942850**

Daytime Phone #